

6. CORRESPONDENCE ADDRESS

☒ Direct all correspondence to the below-mentioned customer number

**CUSTOMER NUMBER:**  
**23628**

**OR**

☐ Correspondence address below:

ATTORNEY'S NAME	William R. McClellan, Reg. No. 29,409				
FIRM NAME	Wolf, Greenfield & Sacks, P.C.				
ADDRESS	600 Atlantic Avenue				
CITY	Boston	STATE	MA	ZIP	02210-2206
COUNTRY	USA	TELEPHONE	(617) 646-8000	FAX	(617) 646-8646

7. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	William R. McClellan, Reg. No. 29,409
SIGNATURE	<i>William R. McClellan</i>
DATE	December 13, 2004

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to **MAIL STOP RCE**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 13<sup>th</sup> day of December, 2004.

*Paula K. Fairweather*  
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Paula K. Fairweather